

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10088877	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3		/2					53							
4		(1)					54							
5		(1)					55							
6		(2)					56							
7	/						57							
8		/					58							
9		/					59							
10		31					60							
11		16					61							
12		(1)					62							
13		(1)					63							
14		(1)					64							
15		(1)					65							
16		(1)					66							
17		(1)					67							
18		(1)					68							
19		(1)					69							
20	/						70							
21							71							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	17						TOTAL DEP.							
TOTAL CLAIMS	80						TOTAL CLAIMS							